



San Jose Animal Care Center Adoption Application

Please tell us the name(s) or AID #s of the animal(s) you would like to meet!

1) _____ 2) _____ 3) _____

Adopter Information

Name	DOB (Must be over 18+)	Office Use: PID #
Street Address City, State, ZIP	Home Phone	
Mailing Address City, State, ZIP	<input type="checkbox"/> check here if same as above	Cell Phone
Email (optional)	Alternate Phone	

Household Information

List adults in household	List minors (and ages) in household	
Dogs in home (#) Current license(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cats in home (#) Current license(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Animals (#)

Pet Care Plan

1. Describe your level of expertise in caring for the type and breed of pet you would like to adopt.

First time Currently own Recently Owned (within 2 years) Previously owned (2+ years ago)

2. Where will your pet spend its time when you are not home?

Loose Crate Kennel Other: _____
House Garage Yard Other: _____

3. When will you take your pet to the veterinarian?

Yearly When sick In emergency All of the previous

4. How will you train your pet in basic obedience and manners?

Past experience Research/Study Attend Classes Other: _____

5. How will you train your pet when it shows bad habits?

Past experience Research/Study Attend Classes Other: _____

6. Who will care for your pet during planned and unplanned absences?

Friends/family Professional Petsitter

7. Will you have your pet declawed or ears/tail cropped?

Yes No Undecided

Check items you would like to discuss with an adoption counselor:

☐ Housetraining ☐ Grooming ☐ Chewing ☐ Escaping ☐ Exercise
☐ Introducing Pets ☐ Barking ☐ Jumping ☐ Toys ☐ Basic Manners
☐ Signs of Illness ☐ Digging ☐ Scratching ☐ Feeding ☐ Other Training

☐ I would like to support the San Jose Animal Shelter by receiving money saving coupons by mail from Hill's Pet Nutrition – my information will NOT be shared with any 3rd parties. I would also like to schedule a wellness visit at VCA. ☐

I understand and agree to the following: I am 18 years of age or older. Adoptions are final. Animals may become ill immediately after adoption. Adoption fees are only refundable upon surrender of the animal to SJACC due to pre-existing, undisclosed, life-threatening medical conditions diagnosed by a private veterinarian within the first 10 days of adoption. I am responsible for providing routine and emergency veterinary care from a licensed veterinarian whenever my pet is in need, including immediately after adoption, emergency veterinary care and annual exams for my healthy pet. The costs of caring for a healthy pet can range from \$600.00 to over \$1000.00 per year. Costs for caring for a pet with medical issues may exceed \$2000.00 per year. Single incidents of emergencies can cost over \$2000.00 per incident.

Applicant Signature: _____

Date: _____

CUSTOMER SERVICE REVIEW

- | | | |
|--------------------------|--------------------------|---|
| Y | N | |
| <input type="checkbox"/> | <input type="checkbox"/> | Any person history? |
| <input type="checkbox"/> | <input type="checkbox"/> | Any outstanding debt with Animal Services (OR is unwilling to resolve)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Any open cases against applicant? |
| <input type="checkbox"/> | <input type="checkbox"/> | Any law enforcement concerns? |
| <input type="checkbox"/> | <input type="checkbox"/> | Any RAL history? |
| <input type="checkbox"/> | <input type="checkbox"/> | Any surrender history? |
| <input type="checkbox"/> | <input type="checkbox"/> | Any unlicensed animals? (All animals licensed = NO) |

Application Type

- ☐ Dog
- ☐ Cat
- ☐ Rabbit
- ☐ Other

_____ Customer Service Review Completed (Initial)

_____ Chameleon Adopter Profile Completed (Initial)

VOLUNTEER PET ACQUAINTER REVIEW

Volunteer Name _____ **Location of Meet-N-Greet** _____

Volunteer Pet Acquainter Comments

ADOPTION COUNSELOR REVIEW

Adoption Discussion Checklist

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Handbook Review | <input type="checkbox"/> Responsible Pet Care | <input type="checkbox"/> Getting Started | <input type="checkbox"/> Circumstances of impound |
| <input type="checkbox"/> Starting Out | <input type="checkbox"/> URI/Kennel Cough | <input type="checkbox"/> Training | <input type="checkbox"/> Info from previous owner/caretaker |
| <input type="checkbox"/> Surgery Aftercare | <input type="checkbox"/> Medical History | <input type="checkbox"/> Health | <input type="checkbox"/> Observations of animal's health/behavior |
| <input type="checkbox"/> Medical History | | <input type="checkbox"/> Behavior | <input type="checkbox"/> Special needs of this animal: |
- _____

- | | | |
|--------------------------|--------------------------|--|
| Y | N | |
| <input type="checkbox"/> | <input type="checkbox"/> | Applicant has supplied consistent information. Able to determine the validity of application information. |
| <input type="checkbox"/> | <input type="checkbox"/> | Applicant demonstrates willingness and/or ability to provide for the specific needs of the animal including willingness to meet requirements. Needs include: |

Adoption Counselor Comments

Application DENIED APPROVED by: _____, Adoption Counselor.

This denial may be appealed to the Shelter Operations Supervisor within 10 days of adoption denial. Please contact the Shelter Operations Supervisor at (408) 794-7205.

☐ Adoption Interview data entered into Chameleon by _____ (initials).

Shelter Operations Supervisor Review

Date ____ / ____ / ____

Recommendations _____

Entered into Chameleon ____ / ____ / ____



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